

MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY



CANDIDATE / EMPLOYEE IDENTIFICATION					
Civil ID / Passport #	Company ID #		Position		
Nationality	Age	Sex	Ident	16140 Reg.DI	29/10/2022
			ne	PEARUL ISLAM	
EXAMINATION TYPE					
Examination	☒ Pre-employment ☐ Periodic ☐ Exit				

VITAL SIGNS & BODY MEASURES	
Blood Pressure Category:	120/80 ☒ Normal ☐ Prehypertension ☐ Hypertension Stage 1 ☐ Hypertension Stage 2 ☐ Hypertension Crises
BMI Category:	25.26 ☐ Underweight ☒ Normal ☐ Overweight ☐ Obese ☐ Morbid Obesity
Remarks:	

VISUAL TEST	
Visual Acuity Test	RT 6/6 LT 6/6 ☒ Normal ☐ Abnormal ☐ Not Required
Colour Vision Test	☒ Normal ☐ Abnormal ☐ Not Required
Pre-existing condition:	
Remarks:	

RESPIRATORY SYSTEM	
Spirometry Test	☒ Normal ☐ Abnormal ☐ Not Required
Chest X-Ray	☒ Normal ☐ Abnormal ☐ Not Required
Physical Assessment	☒ Normal ☐ Abnormal
Pre-existing condition:	
Remarks:	

ENT SYSTEM	
Audiometry Test	☒ Normal ☐ Abnormal ☐ Not Required
Otology	☒ Normal ☐ Abnormal ☐ Not Required
Physical Assessment	☒ Normal ☐ Abnormal (Whisper, Weber & Rinne Tests)
Pre-existing condition:	
Remarks:	

CARDIOVASCULAR SYSTEM	
ECG Test	☒ Normal ☐ Abnormal ☐ Not Required
Physical Assessment	☒ Normal ☐ Abnormal
Pre-existing condition:	
Remarks:	

NEUROLOGICAL SYSTEM	
Physical Assessment	☒ Normal ☐ Abnormal
Pre-existing condition:	
Remarks:	

MUSCULOSKELETAL SYSTEM	
Physical Assess.	☒ Normal ☐ Abnormal
Lumbar X-Ray	☒ Normal ☐ Abnormal ☐ Not Required
Pre-existing condition:	
Remarks:	

LABORATORY INVESTIGATIONS	
Lab Tests:	☒ Normal ☐ Abnormal If abnormal, please specify below:
Blood Grouping:	A+ve
Pre-existing condition:	
Remarks:	

Glucose Level Category	100 ☒ Normal 80 - 100 mg/dl ☐ Pre diabetic 100 - 125 mg/dl ☐ Diabetic > 126 mg/dl
Cholesterol Risk Category	126 ☒ Low Risk LDL is less 130 mg/dl ☐ Moderate Risk LDL 130-159 mg/dl ☐ High Risk LDL > 160 mg/dl
Routine Urine Analysis	☒ Normal ☐ Abnormal ☐ Not Required
Stool Analysis	☒ Normal ☐ Abnormal ☐ Not Required

QUESTIONNAIRES	
Medical & Surgical History Questionnaire	Remarks
Respiratory Protection Questionnaire	Remarks
Hearing Conservation Questionnaire	Remarks
Screening Questionnaire	Remarks
Fagerstrom Test - Smoking	☐ Non-smoker ☐ Low dependence ☐ Low to Mod dependence ☐ Moderate dependence ☐ High dependence
CAGE Questionnaire Alcohol Use	☐ No use of alcohol ☐ Screening negative ☐ Clinically significant
SRQ-20 Self-reported Questionnaire	☐ No positive answers ☐ Positive answers Factor I (1 to 6) ☐ Positive answers Factor II (7 to 12) ☐ Positive answers Factor III (13 to 16) ☐ Positive answers Factor IV (17 to 20)

Clinic Doctor Name	License #	Hospital/Polyclinic	Doctor Signature & Clinic Stamp	Issue Date
DR. MOHAMMAD ULLAH				29-10-22
OQ - Occupational Health Department				

Form Review - 02-30/05/2021

FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS



EMPLOYEE IDENTIFICATION					
Civil ID / Passport #	Company ID #			Position	
Nationality	Age	Sex	Ident 16140 Reg.Dt 29/10/2022	Location	
			ne PEARUL ISLAM		

EXAMINATION TYPE		
☒ Pre-employment Examination (PRE)	☐ Periodic Medical Examination (PME)	☐ Post-absence Examination
☐ Change of Position Examination	☐ Exit Examination	☐ Critical Activities Examination
☐ Emergency Response Team	☐ Travelling Examination	☐ Medical Surveillance

Medical Suitability for Work	
Medical Suitability for Work	☒ Fit to work
	☐ Fit with following restrictions
	☐ Pending Fitness
	☐ Not fit to work

Restrictions

☐ Working at height	☐ Pulling, pushing or carrying weight
☐ Working in confined space	☐ Ascend/descend ladders and stairs
☐ Working with electricity	☐ Walking or standing for long distance/period
☐ Working near rotating machinery	☐ Repetitive movements
☐ Working in noise area	☐ Mobile machinery operation
☐ Working in extreme heat	☐ Heavy lifting operation
☐ Handling chemical products	☐ Driving vehicle
☐ Use of respirator	☐ Emergency response duty

Other, specify

New Position	New Function	New Department
NA	NA	NA

Examination Date	Exams Performed
29-10-2022	

Medical Review Date	Employee Signature

Medical Doctor Signature

